

DEPARTMENT OF THE ARMY
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TX -2 Nursing Policy

11 August 2005

Management of Acute Psychiatric Symptomatology in Clinical Areas

1. Purpose: To provide guidance on "special watch" procedures for psychiatric patients in all clinical areas.

2. Scope: Applies to all nursing personnel.

3. References:

- a. American Nurses Association, Scope and Standards of Practice, 2004.
- b. Gail W. Stuart, Psychiatric Mental Health Nursing 5th Edition, 2002. Monitor a Patient Requiring 1:1 Supervision, Nurse patient interaction.
- c. Inpatient Psychiatry SOP, Ward 54, 2001 "Categorization of Patients"
- d. Laraia, M.T. and Stuart, G.W., Principles and Practice of Psychiatric Nursing, 8th Ed., Elsevier, 2005.

4. Responsibility: The Psychiatric Consultation Liaison Service/Psychiatrist on call (POD) and the Nursing Section Chief/Nursing Supervisor are responsible for the determination of the priority and most effective means of meeting the patient's needs.

5. Procedure:

a. Inpatients

1) When patients displaying acute psychiatric symptomatology (i.e. delusional, homicidal, suicidal, hallucinatory, combative/aggressive) are hospitalized on medical or surgical units, a special watch may be required. Special watch, for the purpose of this policy, refers to those patients who must be observed one-to-one at arm's length at all times by nursing personnel (24 hours/day).

a) An emergency consult to the Psychiatry Consultation-Liaison Service (PCLS) will be initiated for psychiatric assessment of the patient by the medical team. After normal duty hours, the psychiatrist on call (POD) will be consulted.

This publication supersedes NPOL TX-2 dated 10 July 2002.

b) The charge nurse of the ward involved will notify the nursing section chief or nursing supervisor, if after normal duty hours. The section chief or nursing supervisor will assist the unit in providing appropriate staffing.

c) The psychiatrist making the patient assessment and nursing section chief/supervisor will jointly determine the best course of action:

1) Patient remains on the med-surg unit with no special watch.

2) Patient remains on med-surg unit with a 1:1 special watch by nursing staff not requiring psychiatric training (i.e. med-surg unit personnel).

3) Patient remains on the med-surg unit with a psychiatric technician assigned for special watch.

4) Patient requires transfer to psychiatric unit with or without a special watch requirement.

d) If options 3 or 4 are selected, the patient's physician will consult with the POD. The physician requesting the consult is required to write the order for the psychiatric technician after discussion with the POD. The POD will alert the Ward 54 nursing staff.

e) Determination of the patient disposition will be dependent upon a comprehensive assessment, prioritization of patient care needs, and determination of the best means for meeting the patient's needs.

2) When a patient on a psychiatric ward requires medical/surgical nursing care, the patient may remain on the psychiatric unit or be transferred to a med-surg unit and receive care according to the guidelines outlined in 5.a.3. The psychiatrist making the patient assessment and nursing section chief/supervisor will jointly determine the best course of action.

b. Outpatients

1) When patients displaying psychiatric symptomatology (i.e. delusional, homicidal, suicidal, hallucinatory, combative) are treated in any clinical setting that is not inpatient, to include clinics, the Emergency Department, Dialysis, etc. , a special watch may be required.

a) An emergency consult to the Psychiatry Consultation-Liaison Service (PCLS) will be initiated for psychiatric assessment of the patient by the physician caring for the patient. After normal duty hours, the POD will be consulted.

b) The charge nurse of the area involved will notify the head nurse/section supervisor during duty hours or the nursing supervisor after normal duty hours for assistance in providing appropriate staffing.

c) The staff physician caring for the patient and charge nurse/head nurse will jointly determine the best course of action, with utilization of a psychiatric physician consult as deemed appropriate:

1) Patient remains unaccompanied in the outpatient setting (no special watch).

2) Patient remains in the outpatient setting with an accompanying member of the patient's unit, a family member, a friend, or a non nursing staff (no special watch).

3) Patient remains in the outpatient setting with a special watch by nursing staff not requiring psychiatric training (i.e. clinic personnel).

4) Patient remains in the outpatient setting with a psychiatric technician assigned for special watch. This requires a consult from the psychiatric physician, who will notify Ward 54 nursing staff.

5) Patient requires transfer to psychiatric unit with or without a special watch requirement. This requires consult from the psychiatric physician.

d) When it is determined that a Special Watch is required by someone with special psychiatric skills in the ED, the POD will call Ward 54 and request the Charge Nurse to send a tech or an RN to the ED. The ED Physician will annotate the requirement for Special Watch from Psychiatry on the ED form.

2) Determination of the patient disposition will be dependent upon a comprehensive assessment, prioritization of patient care needs, and determination of the best means for meeting the patient's needs.

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